



SOLID WASTE LAND DISPOSAL FACILITY QUARTERLY REPORT

State Form 51908 (9-04)
Indiana Department of Environmental Management

Please Print in
Ink or Type

Questions? Call:
(317) 233-4624

A – GENERAL INFORMATION

Facility Name: _____ Facility ID #: _____

Facility Location: _____ <i>City State ZIP Code Facility Telephone Number</i>				Quarter Being Reported: <input type="checkbox"/> Jan – Mar <input type="checkbox"/> Apr – Jun <input type="checkbox"/> Jul – Sep <input type="checkbox"/> Oct – Dec 20____
Name of Person Filling Out Form: _____ <i>Office Telephone Number</i>				
Office Mailing Address of Person Filling Out Form: _____ <i>Company Address</i> _____ <i>City State ZIP Code</i>				

**REPORTS ARE
DUE THE 15TH OF
THE MONTH
FOLLOWING
EACH QUARTER**

B – QUARTERLY SOLID WASTE TONNAGE REPORT

Total tons of solid waste disposed during quarter: _____ Number of operating days during quarter: _____

(must equal total of all section B entries for this quarter) (a partial day counts as a full operating day)

- ☞ See example on the back of this form
- ☞ Refer to "Waste Classification Guide"
- ☞ Round all values to the nearest ton
- ☞ Tabulate all totals
- ☞ Use supplemental pages if necessary

	Waste Origin			Municipal Solid Waste Disposed	Non-Municipal Solid Waste Disposed					Reuse
	State abbr.	County Name	IDEM Use Only		C/D Debris	Foundry	Coal Ash	FGD Waste	Other	
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
TOTAL for Quarter (tons) (this page)										

Are supplemental page(s) attached?: ☐ YES ☐ NO

C – CERTIFICATION

This is to certify that I have personally examined and am familiar with the information in this and any attached documents. I am aware of the Department of Environmental Management's requirements for this report. To the best of my knowledge, the submitted information is true, accurate, and complete.

Name of Operator _____
(please print or type)

Signature of Operator _____
(original required)

Date _____

Instructions

A – General Information:

Please provide the information requested in this section. Provide the name, phone number, and office mailing address of the person filling out this form as accurately as possible, since this information is used for correspondence regarding this facility's quarterly reports.

B – Quarterly Solid Waste Tonnage Report:

Complete one line for each county from which your facility received waste. This includes Indiana counties and out-of-state counties. First, provide the state abbreviation and the name of the county where the waste originated (provide the country name for non-U.S. waste origins). Please list Indiana counties first in alphabetical order, then list out-of-state waste origins. If your facility received waste from a transfer station, please list the county in which the transfer station is located as the origin of that waste. If your facility is a captive site, enter the county in which the waste was generated as the waste origin. Next, record the tonnage of each type of solid waste that your facility disposed from each waste origin. Facilities required to install weighing scales must report weighed tonnages. Please refer to the "Waste Classification Guide" for assistance in categorizing the solid waste received by your facility.

*See
Example
Below*

Please tabulate all totals, however, don't include the "Reuse" total in the final total. All weights must be expressed in tons rounded to the nearest ton. If additional pages are needed, please complete the appropriate supplemental page(s) and indicate that these pages are attached.

Facilities not required to install weighing scales must use the following conversion factors for Municipal Solid Waste:

3.3 cu. yds of compacted waste = 1 ton
6 cu. yds. of uncompacted solid waste = 1 ton
1 cu. yd. of baled waste = 1 ton

For Non-Municipal Solid Waste, sites without scales may use a more appropriate conversion factor based on the waste's density.

C – Certification: Please print or type the name of your facility's operator, and have the operator sign and date the report form.

The following is an example of how part B of the report form should be completed

(Please note that all waste origins and disposal tonnages are hypothetical)

Total tons of solid waste disposed during quarter:

47,703

(must equal total of all section B entries for this quarter)

Number of operating days during quarter:

76

(a partial day counts as a full operating day)

	Waste Origin			Municipal Solid Waste Disposed	Non-Municipal Solid Waste Received					Reuse
	State abbr.	County Name	<i>IDEM Use Only</i>		C/D Debris	Foundry	Coal Ash	FGD Waste	Other	
1.	IN	Hamilton		8,480		8,000				
2.	IN	Marion		22,256	1,350			1,950	3,200	
3.	IN	Shelby		1,793	81					7
4.	IL	Cook		342						
5.	OH	Paulding		251						
TOTAL for Quarter (tons) (this page)				33,122	1,431	8,000		1,950	3,200	7

**PLEASE RETURN
COMPLETED
FORMS TO:**

**Indiana Department of Environmental Management
Facilities Data Analysis Section; Office of Land Quality
100 N. Senate Ave.
P.O. Box 6015
Indianapolis, IN 46206 - 6015**

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